

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050277

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3770

VS 300
Rev. 4/59

1 4005

2 220

3 2

4 0

5 1

6

7 17

8 2

9

10

11

12 466

13

46

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

FILED DECEASED 1963

a. COUNTY **Richmond Heights**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Richmond Heights**

Length of stay in lb
5 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Mary's Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2519 Benton Street Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
William R. Layton

4. DATE OF DEATH Month Day Year
December 8 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-16-1903

9. AGE (last birthday)
60 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pipe Fitter Helper

10b. KIND OF BUSINESS OR INDUSTRY
Granite City Steel

11. BIRTHPLACE (City and state or country)
St. Louis County

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Avitius Layton

Nancy Jane Moore

Theresa Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
no

16. SOCIAL SECURITY NO.

17. INFORMANT **Mrs. Theresa Layton**
2519 Benton Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchiogenic Carcinoma left

INTERVAL BETWEEN ONSET AND DEATH
1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 1963** to **8 Dec 1963** and last saw her alive on **8 Dec 1963**
Death occurred at **7:45** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-11-1963

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county)
St. Louis Missouri

(State)

24. FUNERAL DIRECTOR ADDRESS
Math Hermann & Son, Inc. 2161 E. Fair

25. DATE RECD. BY LOCAL REG.
12-10-63

26. REGISTRAR'S SIGNATURE
John B. Murphy Jr.

St. Louis, Missouri 63107

(Licensed Embalmer's Statement on Reverse Side)

73000-000

Noted: All cases
of the following

1113

State of Missouri

George William Ellis

Residence of the deceased

50-1

to the record

noted

11111

500-01-

1011

1111

When the body was found, it was

and a report

and a report

and a report

and a report

and a report

and a report

and a report

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Julius R. Brown

Licensed Embalmer No. 5146

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.